

## Membership Registration Form swissregistrars

Type of Membership (please check appropriate box):

- |                          |                       |                  |
|--------------------------|-----------------------|------------------|
| <input type="checkbox"/> | Individual Membership | CHF 100.– / year |
| <input type="checkbox"/> | Museum / Institution  | CHF 200.– / year |
| <input type="checkbox"/> | Commercial partner    | CHF 500.– / year |

**Admission as a member of swissregistrars:** In accordance with the Articles of Association of swissregistrars, applications for admission must be submitted in writing to the Executive Committee. Membership is granted by the Board of Directors.

**Mode of payment:** Once the invoice has been issued, membership is valid from receipt of payment until the end of 2024. Please transfer the amount within 30 days of the invoice being issued.

Title: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Company / Institution: \_\_\_\_\_

Job Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Area of Responsibility: \_\_\_\_\_

Why would you like to become a member of swissregistrars: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*Telephone: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

(\*This information is optional)

Invoice to:

- Business Address  
 Home Address

E-mail correspondence to:

- Business E-mail Address  
 Private E-mail Address

(Please check appropriate box)

Place / Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please send the completed form as a PDF by E-mail to: [info@swissregistrars.ch](mailto:info@swissregistrars.ch)**